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Kelly Schafer, LCSW
Carl Robinson CI, DOC
Before the Appropriations Committee

Good evening Senator Osten, Representative Walker, and members of the Committee, my name is Kelly Schafer, and I have worked within the Department of Corrections for the past 12 years as a Licensed Clinical Social Worker.

I went to school to be a social worker because I wanted to do something in a helping profession. I graduated from Smith College School for Social Work in 2005 and began my career with the Department of Corrections in August of 2007. Until just over a month ago, I had been the only social worker at Carl Robinson Correctional since I started. Carl Robinson is a medium security facility that houses just over 1300 men.

Currently, the department is struggling to recruit and retain mental health prescribers, namely psychiatrists and APRN's. The decrease in prescribers has left some facilities with very little coverage in regards to having an onsite person to refer inmates who could benefit from medication. Licensed social workers and counselors do provide regular case management, group therapy, crisis intervention and individual therapy, but none of these replace the fact that there will always be a certain portion of patients who are truly in need of medication.

Mental health services in prison are an incredibly vital part of treatment. Incarceration for many can be a very isolating experience. Many of the inmates' families cannot afford to put money on the phones, which leaves inmates with an immediate decrease in emotional support upon incarceration. Many families also cannot visit their incarcerated loved ones due to issues with transportation. Mental health services become an outlet for inmates to have a supportive ear and some encouragement to help them through their sentences.

Many inmates are also getting clean and sober at this time. With a sober mind, the guilt and shame many of them feel regarding their conduct that landed them in prison can be a huge emotional burden for them to bear. When we strip people's access to these services during incarceration, the risks of suicide become higher, mental health issues such as anxiety and depression become more prevalent, inmates may be more likely to return to prison after release, and the workers also begin suffering from compassion fatigue.

There is also a large number of individuals who suffer from true mental illness. Schizophrenia, bipolar disorder, personality disorders, and also major depression, these individuals need consistent care and support so that they remain stable while incarcerated.

I am asking for the committee to please protect and increase the funding for the health services budget within DOC, so that we can continue to provide support and treatment to the incarcerated population, and so that we can provide an opportunity for the inmates to use these services to improve their lives while incarcerated so they have a better shot at not coming back to prison.

Thank you.